FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076 Expires: |May 31,2008 Estimated average burden hours per response. 16.00

SEC USE ONLY							
Prefix	Serial						
	}						
DATE (RECEIVED						
	1						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A, BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	08047782
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	00041102
National Coal Corp.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 8915 George Williams Road, Knoxville, TN 37923	Telephone Number (Including Area Code) 865)690-6900
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	· · · · · · · · · · · · · · · · · · ·
Energy resources	
Type of Business Organization corporation limited partnership, already formed other (ple business trust limited partnership, to be formed	PROCESSED JUN 0.3 2008
Actual or Estimated Date of Incorporation or Organization: O 8 95 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	<u></u>
GENERAL INSTRUCTIONS	•
Federal: Who Must File: All issuers making an offering of securities in religious on an exemption under Regulation D or	Section 4(6) 17 CFR 230 501 et sen or 15 II S C

77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	**************************************	See St. Agreement Land Shows Anna	ENTIFICATION DATA		
2. Enter the information re					
•		suer has been organized w	•		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	irect the vote or disposition	of, 10% or more of	fa class of equity securities of the issue
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, i Roling, Daniel	f individual)				
Business or Residence Addre 8915 George Williams R			ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Castle, Michael R.	if individual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	,		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Kite, Charles	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
3915 George Williams Ro	oad, Knoxville, T	N 37923			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Snodgrass, William					
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
8915 George Williams R		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Heinlein, Robert	if individual)				
Business or Residence Address 8915 George Williams R	•	Street, City, State, Zip C TN 37923	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Malys, Gerald	if individual)				
Business or Residence Addr 8915 George Williams F	-	l Street, City, State, Zip (TN 37923	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Scott, Kenneth	if individual)		· · ·		
Business or Residence Addr 8915 George Williams R	•	1 Street, City, State, Zip (Code)		

	KALSTE		A BASIC IDE	NTIF	ICATION DATA		er operation		
2. Enter the information re	quested for the foll	owing:							
 Each promoter of t 	he issuer, if the iss	uer has	been organized wi	thin t	he past five years;				
 Each beneficial ow 	ner having the powe	r lo voi	te or dispose, or dire	cct the	vote or disposition (of. 109	or more o	fa clas	s of equity securities of the issue
Each executive off	icer and director of	`corpor	ate issuers and of o	corpor	ate general and man	aging	partners of	parine	ership issuers; and
 Each general and n 	nanaging partner of	partne	rship issuers.						
Check Box(es) that Apply:	Promoter	7 E	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Crestview Capital Master	•				· · · · · ·			<u> </u>	
Business or Residence Addre 95 Revere Drive, Suite A				de)					
Check Box(es) that Apply:	Promoter	Ø E	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i J-K Navigator Fund, L.P.	•								
Business or Residence Addre	,		City, State, Zip Co 1	de}					
Check Box(cs) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Steelhead Partners, LLC	•						. ,		
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	ode)					
1301 First Avenue, Suite									
Check Box(es) that Apply:	Promoter	Z ¹	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Johnston, James Michae	I								
Business or Residence Addre	SS (Number and	Street,	City, State, Zip Co	ode)					
1301 First Avenue, Suite	e 201, Seattle, W	/A 981	01						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Klein, Brian Katz	if individual)		and the state of					•	
Business or Residence Addr	ess (Number and	Street,	City, State, Zip Co	ode)					
1301 First Avenue, Suite	201, Seattle, W	A 981	01						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Geological Resource Pa									
Business or Residence Addr 535 Bolston Street, Bos	•	Street,	City, State, Zip C	ode)			 		
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Ireland, George R.	if individual)				· · · · ·				
Business or Residence Addr	ess (Number and	Street,	. City, State, Zip C	ode)					<u> </u>
535 Bolston Street, Bost	ton MA 02116								

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	10,588,050.00	\$_10,588,050.00
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	<u> </u>	S
	Partnership Interests	<u></u>	\$
	Other (Specify)	<u> </u>	\$
	Total	10,588,050.00	10,588,050.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	s 10,588,050.00
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		S_15,000.00
	Accounting Fees		S
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	- 	\$
	Other Expenses (identify)		S
	Total		\$ 15,000.00

	b. Enter the difference between the aggregate offer	ing price given in response to Part C — Question 1		
	and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$. D\$
	Purchase of real estate] \$	s
	Purchase, rental or leasing and installation of mac and equipment	chinery] S	
	Construction or leasing of plant buildings and fac	ilitics]\$	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	¬ \$.	ПS
	Repayment of indebtedness	——————————————————————————————————————	~	_
	Working capital			
	Other (specify):	_	-	
		······ [] \$	
	Column Totals		3 0.00	Z \$ 10,573,050.0
	Total Payments Listed (column totals added)	,	_ ☑ \$_1	0,573,050.00
No.		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commiss	sion, upon writte	
Iss	ner (Print or Type)	Signature)ate	
N	tional Coal Corp.	1 / GUL L COOLS	5-27-	08
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Mic	hael R. Castle	Chief Financial Officer		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	* * -	resently subject to any of the disqualification Yes No							
	See	e Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requir	furnish to any state administrator of any state in which this notice is filed a notice on Formed by state law.							
3.	 The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees. 								
4.	limited Offering Exemption (ULOE) of the s	ssuer is familiar with the conditions that must be satisfied to be entitled to the Uniform state in which this notice is filed and understands that the issuer claiming the availability thing that these conditions have been satisfied.							
	uer has read this notification and knows the cont thorized person.	tents to be true and has duly caused this notice to be signed on its behalf by the undersigned							
Issuer (Print or Type)	Signature Date							
Nationa	al Coal Corp.	1/406 K (a) 19 5-27-08							
Name (Print or Type)	Title (Print or Type)							
Michae	el R. Castle	Chief Financial Officer							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			3			4			
AL		ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AK									
l li	1								
AZ		A. M. C.							
AR									
CA									
со									
СТ									
DE									
DC									N Nagarapaka ata
FL						·····			
GA			<u> </u>					,	
н									
ID								[;	
IL [
IN	~								
IA									
KS						· · · · · · · · · · · · · · · · · · ·			
KY									
LA									
ME									
MD									
MA		×	Common Stack	2	\$1,254,477.	0	\$0.00		×
МІ									
MN									
MS									

APPENDIX 3 4 2 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Yes No Investors Amount Investors Amount State MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA Common Stock \$2,787,814. 0 \$0.00 X WA × WV WI

1	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredite			Yes	No	
WY										
PR										

